



# Supreme Court of Wisconsin

BOARD OF BAR EXAMINERS  
110 EAST MAIN STREET, SUITE 715  
MADISON, WI 53703-3328  
TELEPHONE: (608) 266-9760

## DEBTS

*To be used with question #29 (must be typewritten).*

*A separate form should be completed for each applicable debt. You may copy this form.*

Name \_\_\_\_\_ # \_\_\_\_\_  
(first) (middle name) (last) SSN

Type of Debt:

\_\_\_ Credit Card

\_\_\_ Student Loan

\_\_\_ Other/specify: \_\_\_\_\_ Account Number \_\_\_\_\_

Date of delinquency \_\_\_\_\_ Original amount of Debt \_\_\_\_\_

Current or Final Balance \_\_\_\_\_ Date of Last Payment \_\_\_\_\_

Frequency of Payments \_\_\_\_\_ Current status of this debt: \_\_\_\_\_

Name of entity extending credit \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If different from above, current creditor on this debt: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*\*\*In the space provided below, please discuss the history of this debt, including any actions taken to collect the debt.  
Please indicate what steps are being taken to correct outstanding debts.